immixTechnology, Inc.
a subsidiary of immixGroup

Sales Quotation

Jerry Sicard
VETERANS AFFAIRS (VA)
113 Holland Ave
Albany, NY 12208
PH: 518.626.6241
Jerry.Sicard@va.gov

Contract No.: GS-35F-0265X

CAGE Code: 3CA29
DUNS No.: 09-869-2374
TAX ID#: 54-1912608
Terms: NET 30
FOB: Destination

Quote Number: QUO-322955-P1X1B4
Quote Date: 9/6/2012
Expiration Date: 10/6/2012

Order/Payment Address:
immixTechnology, Inc.
8444 Westpark Drive, Suite 200
McLean, VA 22102
PH: 703-752-0610 FX: 703-752-0611
EFT: BB&T
Routing No. 055003308

immixTechnology, Inc. Contact: Rochel, Nathan
571-405-2950 Nathan_Rochel@immixgroup.com

Manufacturer Quote #:
Manufacturer Ref #:

Manufacturer Contact: Hammond, Steve
703-636-1655 shammond@Serena.com

Item	Part Number	Contract	Trans Type	Product Description	Qty	Price	Extended Price
1	TTSEATS-BM-N-LIC	GS-35F-0265X	LIC	Serena Business Manager Named License (SRN8034)	74	$747.9000	$55,344.60
2	TTSEATS-BM-N-MNT	GS-35F-0265X	MNT	Serena Business Manager Named Annual Maintenance/support fee Year 1(SRN8039)	74	$194.0600	$14,360.44
3	SERENA CONSUTING SERVICES (SC)	OPENMARKET-IM	SVC	Consulting Services (Senior Consultant) - - These services to be provided under Serena GSA Schedule GS-35F-0461N	120	$198.0000	$23,760.00
4	TRAVEL	OPENMARKET-IM	TRAVEL	Travel Expenses - Not to Exceed (per FTR or JTR)	1	$6,000.0000	$6,000.00

LICENSE	$55,344.60
SW MAINTENANCE	$14,360.44
SERVICES	$23,760.00
TRAVEL	$6,000.00
Grand Total	$99,465.04

Subject to the Terms and Conditions of GSA MAS Contract Number GS-35F-0265X; See GSA eLibrary: http://www.gsaelibrary.gsa.gov/ElibMain/home.do

Open Market items are subject to the attached Terms and Conditions.

Taxes: Sales tax shall be added at the time of an invoice, unless a copy of a valid tax exemption or resale certificate is provided.

All Purchase Orders must include: End User Name, Phone Number, Email Address, Purchase Order Number, Government Contract Number or Our Quote Number, Bill-To and Ship-To Address (Cannot ship to a PO Box), Period of Performance (if applicable), and a Signature of a duly Authorized Representative.

June 25, 2010

ATTACHMENT 3 FOR EQUIPMENT AND SUPPLY PROCUREMENTS
VHA SOP 160-010-01

Purpose: To ensure standardization of the submission process for equipment and supply projects the below check list will accompany the reques[redacted]t.

ALL DOCUMENTS ARE TO BE PROVIDED ELECTRONICALLY.

DATE: _____ **2237#** _____

COTR (if applicable) _____ **COTR PHONE #** _____

COTR TRAINING COMPLETE _____ 049-08-02

	Enclosed	Not Required
1. Provide users of supply/service by department, name and phone number. List must include a person and/or user group responsible for quality requirements of the contract.	☐	☐
2. **2237** FUNDED ☐ UNFUNDED ☐	☐	☐
3. **IT Tracking Number** - Provide IT tracking number if this is an IT requirement. Contact SysAdmin to determine if your requirement requires a tracking number.	☐	☐
4. Is this a recurring requirement? If it is provide the following: Prior Contracting Officer: _____ Prior year IFCAP Purchase Order number: _____ Prior year contract number (current or expired):_____	☐	☐
5. List any **VHA Directives or policies** that the supply or equipment being purchased must comply with:	☐	☐
6. **Sole Source**: Use contract hierarchy when determining source of supply. 001AL-10-06 Compete open market requirements to the maximum extent unless otherwise directed to a required source, such as a Service Disabled Veteran Owned Small Business (SDVOSB). Competition maximizes quality and drives down cost. 049-07-08 If a sole source is requested the using activity must complete a sole source justifications in accordance with FAR Part 6, FAR Part 8 or FAR 13. Samples can be located in ARC under Sample/Templates: http://arc.aac.va.gov/Acquisition/Pages/ARCHome.aspxhttp://arc.aac.va.gov/Acquisition/Pages/ARCHome.aspx	☐	☐
7. Federal Supply Schedule Is the item(s) on FSS? If item(s) is/are on FSS, were multiple FSS vendors considered? If yes, please provide documentation on why the selected vendor is the best value. GSA Contract Number:_____	☐	☐

Monday, February 04, 2013
12:23 PM

8. **Functional/Performance/Specification (Word Doc)** Describe equipment/supply use. If brand name items requested, must be supported by sole source justification.	☐	☐
9. **Applicable Drawings** - Provide any applicable drawings, maps, schematics in electronic format (if required) – example furniture or kitchen equipment purchases where space is a critical element for dimension or installation location requirements.	☐	☐
10. **Delivery/performance information, date item(s) required.** A reasonable delivery date (unless an emergency) must be considered. If not sure contact the contracting office for guidance.	☐	☐
11. **Market Research** - Provide market research documentation to support any sole source requests. If procurement will be sole source, provide justification supporting that only one source can satisfy the government's requirement(s). If available, electronically attach any vendor quotes.	☐	☐
12. **Independent Government Estimate** Please provide the methodology and data used to develop the estimate. A guide can be located: http://arc.aac.va.gov/Acquisition/ContractingOfficersTools/Pages/COSmaples.aspx If requirement contains multiple line items, the IGCE should be broken down by line item.	☐	☐
13. Recommended Source List (vendors) to include vendor address and telephone number. Please include local sales rep name and phone number if available	☐	☐
14. Security – Identification of a position's risk level as it relates to the efficiency and integrity of the Federal service; and identification of a position's sensitivity level as it relates to a position with national security interests in accordance with VA Directive 0710. YES NO ( ) ( ) will contractor work on VA property to install equipment. ( ) ( ) to a potentially sensitive area? • Completed Security Assessment Form (VA 2280a). ISO certification that requirement does or does not require applicable security clauses in accordance with VA Directive 6500 and 6500.6 which applies to all VA contracts in which VA sensitive information is stored, generated, transmitted or exchanged by a VA contractor, subcontractor or third-party, or on behalf of any of these entities regardless of format and whether it resides on a VA or a non-VA system, for the contractor, subcontractor, or third party to perform their contractual obligations to VA for the acquisition of goods or services where they stand in lieu of VA and act on VA's behalf. YES NO	☐	☐

( ) ( ) to patient records? ( ) ( ) Will the contractor have access to the VA computer system/sensitive information? ( ) ( ) will work on VA property • Completed Security Assessment Form (VA 2280a). Is a Business Associate Agreement Required? YES NO ( ) ( )		
15. **Detailed Evaluation Criteria –** Provide a list of recommended technical evaluation panel members. Provide evaluation criteria to always include Price and Past Performance. Additional factors, such as Management Approach, Technical Capability and Quality Assurance may also be included. For each factor, please describe the information to be requested from the offerors that will be used to evaluate the proposals. Based on the complexity of the procurement, sub-factors may also be developed for each of these.	☐	☐
16.. **Evaluation Team –** Provide names to serve on the evaluation team. Make sure they are subject matter experts.		
15. If estimate is above $5M – a) Was an Integrated Product Team convened? If so, include documentation or request for waiver if not appropriate in accordance with IL **001AL-09-05** b) Provide recommendations to serve and the Contract Review Board. **001AL-09-02**		

Wednesday, September 12, 2012
9:48 AM

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All Pricing information is confidential Page 1 of 1 Quote # QUO-322955-P1X1B4

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DEPARTMENT OF VETERANS AFFAIRS

Justification and Approval

For

Other Than Full and Open Competition

1. **Contracting Activity:**

   Department of Veterans Affairs, VISN 2
   Network Contracting Activity (2-90NCA)
   SITE: Buffalo VA Medical Center
   3495 Bailey Avenue
   Buffalo, NY 14215

2. **Nature and/or Description of the Action Being Processed:**

   The VISN 2 Engineering Department in Batavia, NY is requesting a sole source purchase for a Copper Silver Ionization system. The sole source will be purchased from:

   Liquitech, Inc.
   421 Eisenhower Lane South
   Lomabard, IL 60148

3. **Description of Supplies/Services Required to Meet the Agency's Needs:**

   Purchase the following:

   Liquitech Copper Silver Ionization System, Qty: 1 ea
   Rack Mounted Flow Cells, Qty: 1 ea

4. **Statutory Authority Permitting Other than Full and Open Competition:**

   ( ) (1) Only One Responsible Source and No Other Supplies or Services Will Satisfy Agency Requirements per FAR 6.302-1;
   ( ) (2) Unusual and Compelling Urgency per FAR 6.302-2;
   ( ) (3) Industrial Mobilization, Engineering, Developmental or Research Capability or Expert Services per FAR 6.302-3;
   ( ) (4) International Agreement per FAR 6.302-4
   ( ) (5) Authorized or Required by Statute FAR 6.302-5;
   ( ) (6) National Security per FAR 6.302-6;
   ( ) (7) Public Interest per FAR 6.302-7;
   (X) (8) Simplified Acquisition per FAR 13.106-1(b)(1)(i)

SOP Other Than Full and Open Competition
Original Date (3/22/2011)

5. **Demonstration that the Contractor's Unique Qualifications or Nature of the Acquisition Requires the Use of the Authority Cited Above (applicability of authority):**

The equipment is necessary to manage the pathogenic biological agents in the domestic hot water system at the Batavia VAMC. This is in accordance with the Joint Commission on Accreditation of Healthcare Organizations Environment of Care Standard 1.7.

System compatibility and interchangeability of purchasing a separate system for copper silver ionization from another vendor for Batavia would not be cost effective for VHAWNYHS. The Liquitech Corporation has installed and serviced a copper silver ionization system at the Buffalo VAMC for the last 10 years and has recently completed installation of two new Liquitech systems this past year. Over this time, the VHAWNYHS staff has become very familiar with the operation, trouble shooting, and adjustment of the Liquidtech system. This familiarity ensures the continued control of legionella bacteria and patient safety.

This purchase has become emergent as during routine testing, traces of the bacteria known to cause legionnaires disease were present in the domestic hot water system at the Batavia VAMC. There are no known cases of a patient contracting the legionella bacteria at this site, however in the interest of patient safety this purchase must move forward immediately.

6. **Description of Efforts Made to ensure that offers are solicited from as many potential sources as deemed practicable:**

The urgency of this requirement, IAW FAR 13.106-1(b)(1)(i), reduces the need to for further competition. It allows for a sole source procurement if the urgent need will cause great harm or danger to the government or its mission. Patient safety is critical and the risk of outbreak of the legionnaires disease must be minimized in a quick, efficient manner.

7. **Determination by the Contracting Officer that the Anticipated Cost to the Government will be Fair and Reasonable:**

Reasonableness is based on comparison of other purchases from the VA and other government agencies:

[redacted]ame [redacted]ent.

[redacted]ame [redacted]

[redacted]d the [redacted]

Prices are determined to be Fair and Reasonable.

8. **Description of the Market Research Conducted and the Results, or a Statement of the Reasons Market Research Was Not Conducted:**

   The urgency of this requirement, IAW FAR 13.106-1(b)(1)(i), reduces the need to for further competition. It allows for a sole source procurement if the urgent need will cause great harm or danger to the government or its mission. Patient safety is critical and the risk of outbreak of the legionnaires disease must be minimized in a quick, efficient manner.

9. **Any Other Facts Supporting the Use of Other than Full and Open Competition:**

   No other facts supporting the requirement

10. **Listing of Sources that Expressed, in Writing, an Interest in the Acquisition:**

    No sources have expressed an interest in writing before, during, or after the solicitation. See Section VI above.

11. **A Statement of the Actions, if any, the Agency May Take to Remove or Overcome any Barriers to Competition before Making subsequent acquisitions for the supplies or services required:**

    The Engineering Department and Contracting office will evaluate other water purification system opportunities in the future to determine possible alternatives to Liquitech's Copper Silver Ionization System; fully assessing alternative solutions that meet the needs of the hospital. The VA will continue to monitor and survey the market for new and existing VA approved solutions.

12. **Requirements Certification:** I certify that the requirement outlined in this justification is a Bona Fide Need of the Department of Veterans Affairs and that the supporting data under my cognizance, which are included in the justification, are accurate and complete to the best of my knowledge and belief.
(This signature is the requestor's supervisor, fund control point official, chief of service, someone with responsibility and accountability)

[redacted]

VHA WAY
Name
Title
Facility

1/28/2012
Date

13. **Approvals in accordance with FAR 6.304**

a. **Contracting Officer's Certification (required):** I certify that the foregoing justification is accurate and complete to the best of my knowledge and belief.

[redacted]

Name
Title
Facility

1/28/2012
Date

b. **NCM/PCM (Required $3K and above):** I certify the justification meets requirements for other than full and open competition.

[redacted]

Date 2/1/2013

Title
Facility

LIMITED SOURCES JUSTIFICATION
ORDER >$3,000
FAR PART 8.405-6(g)

2237 Transaction # or Vista Equipment Transaction #: 528-13-1-2014-0008

This acquisition is conducted under the authority of the Multiple Award Schedule Program. The material or service listed in par. 3 below is a Limited Source procurement, therefore, consideration of the number of contractors required by FAR Subpart 8.4 – Federal Supply Schedules, is precluded for the reasons indicated below.

Restricted to the following source:
Manufacturer/Contractor: Spacelabs Healthcare
Manufacturer/Contractor POC & phone number: [redacted]
Mfgr/Contractor Address: PO Box 7018, 5150-220th Avenue SE, Issaquah, WA 98027
Dealer/Rep address/phone number: Customer Service 425 657-7214

☒ The requested material or service represents the minimum requirements of the Government.

(1) AGENCY AND CONTRACTING ACTIVITY: Department of Veterans Affairs
800 Irving Ave
Syracuse, NY 13210
VISN: 2

(2) NATURE AND/OR DESCRIPTION OF ACTION BEING APPROVED:
Non-competitive delivery order with Spacelabs Healthcare, a large business contractor. Contract will cover supplying twenty five stationary monitors, two wireless transport monitors, one 16 trace central station, remote access and twelve lead interface license and antennas excess materials (5-yr with parts and labor for antenna network). Items required for the Emergency Room and ICU at the Syracuse VAMC.

(3) (a) A DESCRIPTION OF THE SUPPLIES OR SERVICES REQUIRED TO MEET THE AGENCY'S NEED:
The supplies being purchased are listed below:

- 15 stationary monitors for the Intensive Care Unit and 10 for the Emergency Department necessary equipment and modules as specified below:
  - Full ECG display and ECG capability
  - Invasive cardiac Output sets
  - Invasive Parameter Set
  - Nellcor SpO2
  - Basic CEC Go-Live Support: One RN, up to 3 weekdays on site, 8am to 8pm
  - Series Arm, Backpack, 12 in, arctic white
  - 20 inch Display Alarm Cable
  - 16 inch DVI Cable
  - 12 inch Touch Screen Cable
  - 19 inch displays
  - Adult/Neonatal Respiration
  - ST Segment Analysis
  - Installation

- 16 Trace Central Station (Emergency Department)
- Wireless Transport Monitors (Emergency Department)
- Remote Access and 12 Lead Interface Licenses with ICON capability
- Repeater Display
- Current CPRS interface capability
- (1)Simulation Center Stationary Monitor

(b) ESTIMATED DOLLAR VALUE: [redacted]

(c) REQUIRED DELIVERY DATE: 15 Dec 2012

(4) IDENTIFICATION OF THE JUSTIFICATION RATIONALE (SEE FAR 8.405-6), AND IF APPLICABLE, A DEMONSTRATION OF THE PROPOSED CONTRACTOR'S UNIQUE QUALIFICATIONS TO PROVIDE THE REQUIRED SUPPLY OR SERVICE.

☒ Specific characteristics of the material or service that limit the availability to a sole source (unique features, function of the item). Describe in detail why only this suggested source can furnish the requirements to the exclusion of other sources.

The equipment must interface with existing Spacelabs monitoring equipment in the OR, ICU and elsewhere in the main hospital and must be interchangeable with existing equipment as patients are moved from one location to another. The Spacelabs project for ICU/ER is for patient monitors and integration into an existing software product that automates the admission of the patients, to the monitors, using an interface from Vista. The software product will also support the existing Spacelabs equipment currently installed and can only be sourced through Spacelabs. The project also includes extended access to patient information by making it available on the VA's PC workstations. This functionality is only available through Spacelabs.

This type of equipment is required for patient monitoring in our ICU and ER. Currently we have Datascope monitoring in the ER and Spacelabs in the ICU. Both systems are over 10 years old and at end of life and support. There is no replacement for the existing Datascope central monitor. This equipment is obsolete and a new Datascope central station will not function with the old Datascope patient monitors.

We are currently using Spacelabs monitoring in our ICU, Endoscopy, Physical Therapy, and Angio departments. We have the existing Spacelab monitors networked for remote view, and the ability to send patient data to Spacelabs networked servers providing Vital Signs, Trending and Nurse flow sheet information. This is done in real time to any computer in our hospital network. We need to continue with Spacelabs due to:

- Fleet Standardization
  - Will be standardized in the ICU, ED new GI/Endoscopy area (already Spacelabs). This improves patient safety through clinical staff only having to know one kind of patient monitor for care.
  - Fleet standardization has many advantages
    - We have Spacelabs equipment for most of our patient monitoring
    - Brands will not interface with each other

- We have the infrastructure to connect all areas with no major construction costs. Conduit is installed from the 7th floor to the ground floor for this infrastructure.
- We will be able to connect our separate antenna systems (PT, ICU, ER, ENDO and Angio) for Telemetry.
- Clinical and Bio Med staff are fully trained in use of Spacelabs equipment
- Fewer parts and running spares are required which limits storage space requirements and reduces inventory management oversight.
- Hospital supply will not have to stock different vendor brands, cuffs, SP02 sensors, disposable leads – this reduces inventory management oversight and increases patient safety.
- Equipment will fit into current enclosures, racks, and room bedsides. Electrical utilities and data lines are already installed in most areas. This limits the amount of in-house infrastructure work must be completed for installation of new patient monitoring equipment.
- Reduction in the number of contractors, contracts and vendors servicing, maintaining, troubleshooting and repairing this equipment (reduces inventory management oversight).
- Continuity/Familiarity: we have been using Spacelabs in the ICU, we are familiar with the 72-hour contingency computer back-up system (which will now be on the icons for every computer), and there increase functionality in the updated version of the 72-hour system with respect to customizing what cardiologists at for cardiac history.

- Connectivity to the VA Systems
  - Is compatible to and will provide Connectivity to our hospital Data System
  - Vital signs will be available from the ER to the ICU when transporting patients
  - All bedside monitors can be viewed from caregiver's desk top.
    - There is an icon that can be put on every single computer, without a licensing fee (reducing individual licensing on each computer) – and would even include the VPN capability for providers (cardiologists or our ICU team) at home to see a nearly live view and incorporates 72 hours of recording on every Spacelabs monitored patient

☒ **An urgent and compelling need exists, and following the ordering procedures would result in unacceptable delays.**

The emergency department currently has no remote monitoring. Their current practice uses a large number of staff to function within standards. The remote monitoring will allow patient flow to improve. Also, the emergency department has no back-up data system, so if the system goes down, historical data is lost. The Intensive care unit has an urgent need for an update on Oximetry monitoring through the bedside monitors to include forehead oximetry monitoring for hypotensive patients. The current monitor system will not interface with this technology, compromising the care of potentially hypoxemic patients.

(5) DESCRIBE WHY YOU BELIEVE THE ORDER REPRESENTS THE BEST VALUE CONSISTENT WITH FAR 8.4 TO AID THE CONTRACTING OFFICER IN MAKING THIS BEST VALUE DETERMINATION:

These patient monitors being solicited are only made by Spacelabs Healthcare and are supplied via GSA Contract V797P-4343A. This order presents the best value as it is the same equipment already standardized across platforms at the local level. The savings comes in the ease of support for local support systems since staff is familiar with current systems and how to troubleshoot.

Best value is also realized by an avoidance of costs related to start up, training, and maintenance of additional systems. The costs associated with training staff: man-hours for clinical staff, technical training for biomedical staff, as well as the potential for an additional line-item cost for on-site training for a different brand name item. The cost for staff training as well as maintenance costs could reach thousands of dollars in direct and indirect costs if this facility were to purchase a product from a vendor other than Spacelabs patient monitoring.

Lastly, this order is in compliance with the VA National Acquisition Center in Federal Supply Classifications of group 65. FSC 65 is a mandatory source of supply which must be utilized if the required items are available. (FAR part 808.002(a)(3). GSA FSS Pricing is already determined to be Fair and Reasonable.

(6) DESCRIBE THE MARKET RESEARCH CONDUCTED AMONG SCHEDULE HOLDERS AND THE RESULTS OR A STATEMENT OF THE REASON MARKET RESEARCH WAS NOT CONDUCTED:

Research was conducted amongst all contract holders on FSS schedule 65. Many vendors were found that could potentially provide an alternative solution to the requirement.

A Request for Information (RFI) was posted on FSS targeting schedule 65IIA A-50A contract holders (11/6/2012-11/14/2012). The RFI was posted to seek alternative vendor's solutions to the government's need for additional patient monitoring systems. Although alternative solutions were offered, the customer evaluated the feasibility of these alternative systems. The customer responded with the following on November 21, 2012 to the vendor's capabilities statements, "Although bot[redacted]t our monitoring needs, neither vendor can integrate into our existing Spacelabs Clinical Access Suite and therefore **will not meet** the Syracuse VA Medical Center's needs . This was explicitly stated in both capability statements (see attached) from the vendors. Both [redacted] Clinical Access Suite and [redacted] However, neither of these systems are compatible with Spacelabs Clinical Access Suite and would create a secondary stand-alone system[redacted] patient data management networks would increase pricing for either a[redacted]

"Furthermore, with regards to telemetry, neither vendor can integrate into our existing Telemetry system. Both [redacted] did offer their proprietary manufacturer's versions. However, neither of these systems are compatible with Spacelabs Telemetry infrastructure currently in place and would create a secondary stand-alone system. Also, the existing wireless infrastructure in the Syracuse VA would not be able to support the [redacted] telemetry solution due to lack of coverage, bandwidth, and reluctance by IT to put critical clinical items over the wireless network. The implementation of these telemetry systems would increase pricing for either Draeger's or Philip's solution."

(7) ANY OTHER FACTS SUPPORTING THE JUSTIFICATION: -N/A

(8) A STATEMENT OF THE ACTIONS, IF ANY, THE AGENCY MAY TAKE TO REMOVE OR OVERCOME ANY BARRIERS THAT LED TO THE RESTRICTED CONSIDERATION BEFORE ANY SUBSEQUENT ACQUISITION FOR THE SUPPLIES OR SERVICES IS MADE:

The Contracting office and Bio Med department will continue to evaluate alternative opportunities for its Telemetry and Patient Monitoring needs. Although current market research indicates that that there are no known, 100% compatible solutions at this time, all efforts will be made to find alternative solutions for future requirements. The VA will continue to monitor and survey the market for and existing, VA and FDA approved (510K# K112962) solutions.

(9) REQUIREMENTS CERTIFICATION: I certify that the requirement outlined in this justification is a Bona Fide Need of the Department of Veterans Affairs and that the supporting data under my cognizance, which are included in the justification, are accurate and complete to the best of my knowledge. I understand that processing of this limited sources justification restricts consideration of Federal Supply Schedule contractors to fewer than the number required by FAR Subpart 8.4.

[redacted] 12/3/12

NAME [redacted] TITLE — DATE

[redacted] y Care — MVAC

NAME TITLE — SERVICE LINE/SECTION

Syracuse VAMC

FACILITY

(10) APPROVALS IN ACCORDANCE WITH FAR 8.405-6(d)(2): For a proposed order or BPA with an estimated value exceeding $650,000, but not exceeding $12.5 million, the justification must be approved by the competition advocate of the activity placing the order, or by an official named in paragraph (d)(3) or (d)(4) of this section. The authority is not delegable.

a. **CONTRACTING OFFICER'S CERTIFICATION (required):** I certify that the foregoing justification is accurate and complete to the best of my knowledge and belief.

[redacted]

CONTRACTING OFFICER'S SIGNATURE

12/3/2012

DATE

[redacted]

NAME AND TITLE

VISN 2

FACILITY

b. **NCM/DESIGNEE:** I certify that the foregoing justification is accurate and complete to the best of my knowledge and belief.

[redacted]

12/03/2012
DATE

[redacted]
VISN 2 NCM/ Competition Advocate

LIMITED SOURCES JUSTIFICATION
ORDER >$3,000
FAR PART 8.405-6(g)

2237 Transaction # or Vista Equipment Transaction #: 528-13-1-2014-0013

This acquisition is conducted under the authority of the Multiple Award Schedule Program. The material or service listed in par. 3 below is Limited Source procurement, therefore, consideration of the number of contractors required by FAR Subpart 8.4 – Federal Supply Schedules, is precluded for the reasons indicated below.

Restricted to the following source:
Manufacturer/Contractor: Care fusion Solutions
Manufacturer/Contractor POC & phone number: [redacted]
Mfgr/Contractor Address: 3750 Torrey View Court; San Diego CA 92130
Dealer/Rep address/phone number: N/A

☒ The requested material or service represents the minimum requirements of the Government.

(1) AGENCY AND CONTRACTING ACTIVITY: Department of Veterans Affairs
800 Irving Ave
Syracuse, NY 13210
VISN: 2

(2) NATURE AND/OR DESCRIPTION OF ACTION BEING APPROVED:
Non-competitive delivery order with Care Fusion, a large business contractor. Contract will cover supplying twenty eight stationary medication stations, 1 medication console-server, 1 Clinical Care-Fusion Engine Interface. The automated dispensing units and other items provided will be deployed to the general medical wards, general surgical wards, ICU, ED, Rome Outpatient Clinic, Binghamton Outpatient Clinic, Watertown Outpatient Clinic, Spinal Cord Injury Unit, Pharmacy, Biomed/IT and procedure areas (endoscopy-bronchoscopy) located in the Spinal Cord Injury building as appropriate.

(3) (a) A DESCRIPTION OF THE SUPPLIES OR SERVICES REQUIRED TO MEET THE AGENCY'S NEED:
The supplies being purchased are listed below:

28 stationary units will be provided by Care Fusion as follows:

- Medication Station-6 Drawer unit x 18
- Medication Station-2 Drawer unit x 9
- Medication **Console-Server**
- **Clinical Care-Fusion Engine Interface**

(b) ESTIMATED DOLLAR VALUE: $ [redacted]

(c) ESTIMATED AWARD DATE: 15 Dec 2012

(4) IDENTIFICATION OF THE JUSTIFICATION RATIONALE (SEE FAR 8.405-6), AND IF APPLICABLE, A DEMONSTRATION OF THE PROPOSED CONTRACTOR'S UNIQUE QUALIFICATIONS TO PROVIDE THE REQUIRED

SUPPLY OR SERVICE.

☒ Specific characteristics of the material or service that limit the availability to a sole source (unique features, function of the item). Describe in detail why only this suggested source can furnish the requirements to the exclusion of other sources.

The Syracuse VA Medical center is seeking to purchase an Automated Medication Dispensing System, referred to as a point-of-use system. The system must automate the distribution, management, and control of medications. The system must provide communication and access to medications in a manner that supports nursing and pharmacy's ability to work in an efficient manner. The configuration should include a network of secure-medication storage units; allow locations in patient care areas throughout the hospital. The network of secured storage units must accommodate the medication needs of the emergency department, medical/surgical wards, intensive care unit, ORs, procedure areas, and outpatient clinics. The system must be compatible with and integrate seamlessly with other point-of-use systems within the facility, including the current Anesthesia Pyxis 3500 units. The system must provide an interface that would support the integration of other medication delivery related technologies (i.e. Alaris 8015 Pump System) for the purpose of report generation and data management. The system must have the ability to integrate with other automated dispensing systems within VISN2 and provide an interface that would support facilities within VISN 2.

The system must streamline medication distribution and inventory management practices and provide needed routine reporting. Available Reports related to the safe, accurate, and timely stocking, withdrawal, return and wasting of medications must be inherent to the system. The system is required to provide pharmacy an automated process and reporting system that efficiently supports the pharmacy in replacing medication inventories.

Medication orders and order status must be transmitted electronically so information is easily accessible. The system must support Joint Commission compliance and meet FDA requirements for the technology involved. The point of use system must protect against unauthorized access, document use, and integrate pharmacist order review by interacting with the inpatient medication electronic ordering system currently used by the facility. The point of use system must be compatible with the current Pandora software used by the facility to provide controlled substance quality assurance reports and the system must also provide its own management/tracking of all controlled substance practices as required by facility policy (IE, removal, wasting, and return) and federal regulation. System must remind/alert nurses if they have controlled substance waste that has not been documented in regards to a prior controlled substance removal.

The automated system or device should provide inherent safety features of unit-dose drug distribution systems. Required safety features include that medications are contained in, and administered from, single-unit or unit-dose packages. Support medications being dispensed in ready-to-administer form to every extent possible. The system will assure medications are available for administration to the patient only at the time at which they are to be administered and according to facility policy. The system will provide an electronic patient medication profile that is maintained for each patient, is easily accessible to the identified health care professional and must integrate with the pharmacy computerized medication ordering system (VISTA). Profiling functionality should include transmission of all components of medication and i.v. orders, including drug, dose and/or infusion rate, route, frequency, dosing schedule, and order start/stop times. Profiling capability must ensure that all patient care areas use the profiling functionality, including ambulatory and outpatient areas such as the emergency department, whenever possible. The profiling capability must limit the variety and quantity of medications that are accessible without pharmacist review (override). The system must provide the option to require a double-

check (witness) at the time of dispensing of an identified high-alert medication from automated devices. The system must have the ability to block the loading of identified medications from specific automated dispending units.

The system will assure medications are accessible to different categories of health care professionals with the ability to limit access based on facility policy or federal law. The system will contain the needed technology to use fingerprint scanning as a form of access and also support the utilization of BCMA on stocking and/or removal of medications from the involved unit.

The automated systems or devices should ensure safe medication storage, distribution, access, and use wherever they are deployed, including meeting required environmental conditions for the storage and handling of medications. The automated system must have the capability of tracking medication expiration dates and electronically provide pharmacy the needed information to identify and replace inventories before expiration.

The automated dispensing system must interface with the VA pharmacy computerized medication ordering-dispensing software system (VISTA). The interfaces must meet HL7 standards and must be easily customizable and provide a mechanism for thorough testing prior to implementation.

We need to continue with Care Fusion - Pyxis due to:

- Fleet Standardization
  - Will be standardized in the OR and throughout the facility. OR (already has Pyxis without plans to change). This improves patient safety through clinical staff only having to know one kind of automated dispensing unit for care.
  - Fleet standardization has many advantages
    - We have Care fusion equipment for most of our automated medication dispensing units
    - Brands will not interface with each other
    - We have the infrastructure to connect all areas with no major construction or IT related costs.
    - We will be able to connect our separate Anesthesia 3500 Pyxis Units and Pyxis 4000 units on to the same server. This avoids having to maintain two different systems and servers
    - Clinical and Bio Med staff are fully trained in use of Pyxis equipment
    - Equipment will fit into current enclosures, racks, and room bedsides. Electrical utilities and data lines are already installed. This limits the amount of in-house infrastructure work must be completed for installation of new equipment.
    - Reduction in the number of contractors, contracts and vendors servicing, maintaining, troubleshooting and repairing this equipment (reduces inventory management and technology oversight).
    - Continuity/Familiarity: we have been using Pyxis automated dispensing units throughout the facility. Nursing staff, Pharmacy staff, biomed, and IT are familiar with the product and having one unified system will maximize efficiencies for all stakeholders and support patient safety.

- Connectivity to the VA Systems
  - Is compatible to and will provide Connectivity to our hospital Data System

☒ **An urgent and compelling need exists, and following the ordering procedures would result in unacceptable delays.**

The Spinal Cord Treatment Unit currently has no automated dispensing unit in place and is scheduled to open March 2013.

(5) DESCRIBE WHY YOU BELIEVE THE ORDER REPRESENTS THE BEST VALUE CONSISTENT WITH FAR 8.4 TO AID THE CONTRACTING OFFICER IN MAKING THIS BEST VALUE DETERMINATION:

These automated dispensing units are made by Care fusion Solutions and are supplied via GSA Contract V797P-4012B. This order presents the best value as it is the same equipment already standardized across platforms at the local level. The savings comes in the ease of support for local support systems since staff is familiar with current systems and how to troubleshoot.

Best value is also realized by an avoidance of costs related to start up, training, and maintenance of additional systems. The costs associated with training staff: man-hours for clinical staff, technical training for biomedical staff, as well as the potential for an additional line-item cost for on-site training for a different brand name item. The cost for staff training as well as maintenance costs could reach thousands of dollars in direct and indirect costs if this facility were to purchase a product from a vendor other than the Pyxis 4000 upgrades.

Lastly, this order is in compliance with the VA National Acquisition Center in Federal Supply Classifications of group 65. FSC 65 is a mandatory source of supply which must be utilized if the required items are available. (FAR part 808.002(a)(3). GSA FSS Pricing is already determined to be Fair and Reasonable.

(6) DESCRIBE THE MARKET RESEARCH CONDUCTED AMONG SCHEDULE HOLDERS AND THE RESULTS OR A STATEMENT OF THE REASON MARKET RESEARCH WAS NOT CONDUCTED:

Research was conducted amongst all contract holders on FSS schedule 65. Many vendors were found that could potentially provide an alternative solution to the requirement.

A Request for Information (RFI)# 748296 was posted on FSS targeting schedule 65IIA A-92 contract holders (11/14/2012-11/20/2012). The RFI was posted to seek alternative vendor's solutions to the government's need for med station upgrades. Although alternative solutions were offered, the customer evaluated the feasibility of these alternative systems. The customer responded with the following on November 28, 2012 to the vendor's capabilities statements, "After reviewing the documents provided there are needs that the McKesson system does not provide based on the information submitted.

The McKesson submission did not provide documentation indicating their system would seamlessly integrate our current Pyxis 3500 Anesthesia units into their server. Without integrating the current Pyxis 3500 Anesthesia units into one server this would result in the VA having to maintain two different servers for two different automated dispensing systems. Maintaining two servers would result in increased labor, increased cost, need for increased technical support and increased potential for end user confusion as the facility would need to train individuals on the use of two different systems.

We also requested that there be an interface provided that would support the integration/report generation for the newly procured automated dispensing units/system, our current Pyxis 3500 Anesthesia systems and Alaris 8015 IV pumps. There was not information provided that indicated this capability."

(7) ANY OTHER FACTS SUPPORTING THE JUSTIFICATION: -N/A

(8) A STATEMENT OF THE ACTIONS, IF ANY, THE AGENCY MAY TAKE TO REMOVE OR OVERCOME ANY BARRIERS THAT LED TO THE RESTRICTED CONSIDERATION BEFORE ANY SUBSEQUENT ACQUISITION FOR THE SUPPLIES OR SERVICES IS MADE:

The Contracting office and Pharmacy will continue to evaluate alternative opportunities for its medstation needs. Although current market research indicates that that there are no known, 100% compatible solutions at this time, all efforts will be made to find alternative solutions for future requirements. The VA will continue to monitor and survey the market for and existing, VA and FDA approved (510) solutions.

(9) REQUIREMENTS CERTIFICATION: I certify that the requirement outlined in this justification is a Bona Fide Need of the Department of Veterans Affairs and that the supporting data under my cognizance, which are included in the justification, are accurate and complete to the best of my knowledge. I understand that processing of this limited sources justification restricts consideration of Federal Supply Schedule contractors to fewer than the number required by FAR Subpart 8.4.

Douglas Brown
SIGNATURE

29 November 2012
DATE

Douglas Brown
NAME

Pharmacy Manager
TITLE

SERVICE LINE/SECTION

Syracuse VAMC
FACILITY

(10) APPROVALS IN ACCORDANCE WITH FAR 8.405-6(d)(2): For a proposed order or BPA with an estimated value exceeding $650,000, but not exceeding $12.5 million, the justification must be approved by the competition advocate of the activity placing the order, or by an official named in paragraph (d)(3) or (d)(4) of this section. The authority is not delegable.

a. **CONTRACTING OFFICER'S CERTIFICATION (required):** I certify that the foregoing justification is accurate and complete to the best of my knowledge and belief.

CONTRACTING OFFICER'S SIGNATURE

12/12/2012
DATE

Allan M Preston
NAME AND TITLE

VISN 2
FACILITY

b. **NCM/DESIGNEE:** I certify that the foregoing justification is accurate and complete to the best of my knowledge and belief.

SIGNATURE

12/12/2012
DATE

Cherie Widger-Kresge
VISN 2 NCM/ Competition Advocate

LIMITED SOURCES JUSTIFICATION
ORDER >$3,000
FAR PART 8.405-6(g)

2237 Transaction # or Vista Equipment Transaction #: 528-13-1-2014-0013

This acquisition is conducted under the authority of the Multiple Award Schedule Program. The material or service listed in par. 3 below is Limited Source procurement, therefore, consideration of the number of contractors required by FAR Subpart 8.4 – Federal Supply Schedules, is precluded for the reasons indicated below.

Restricted to the following source:
Manufacturer/Contractor: Care fusion Solutions
Manufacturer/Contractor POC & phone number: Lisa Impens (847)473-7472
Mfgr/Contractor Address: 3750 Torrey View Court; San Diego CA 92130
Dealer/Rep address/phone number: N/A

☒ The requested material or service represents the minimum requirements of the Government.

(1) AGENCY AND CONTRACTING ACTIVITY: Department of Veterans Affairs
800 Irving Ave
Syracuse, NY 13210
VISN: 2

(2) NATURE AND/OR DESCRIPTION OF ACTION BEING APPROVED:
Non-competitive delivery order with Care Fusion, a large business contractor. Contract will cover supplying twenty eight stationary medication stations, 1 medication console-server, 1 Clinical Care-Fusion Engine Interface. The automated dispensing units and other items provided will be deployed to the general medical wards, general surgical wards, ICU, ED, Rome Outpatient Clinic, Binghamton Outpatient Clinic, Watertown Outpatient Clinic, Spinal Cord Injury Unit, Pharmacy, Biomed/IT and procedure areas (endoscopy-bronchoscopy) located in the Spinal Cord Injury building as appropriate.

(3) (a) A DESCRIPTION OF THE SUPPLIES OR SERVICES REQUIRED TO MEET THE AGENCY'S NEED:
The supplies being purchased are listed below:
28 stationary units will be provided by Care Fusion as follows:

- Medication Station-6 Drawer unit x 18
- Medication Station-2 Drawer unit x 9
- Medication **Console-Server**
- **Clinical Care-Fusion Engine Interface**

(b) ESTIMATED DOLLAR VALUE: $ 640,095

(c) ESTIMATED AWARD DATE: 15 Dec 2012

(4) IDENTIFICATION OF THE JUSTIFICATION RATIONALE (SEE FAR 8.405-6), AND IF APPLICABLE, A DEMONSTRATION OF THE PROPOSED CONTRACTOR'S UNIQUE QUALIFICATIONS TO PROVIDE THE REQUIRED

SUPPLY OR SERVICE.

☒ Specific characteristics of the material or service that limit the availability to a sole source (unique features, function of the item). Describe in detail why only this suggested source can furnish the requirements to the exclusion of other sources.

The Syracuse VA Medical center is seeking to purchase an Automated Medication Dispensing System, referred to as a point-of-use system. The system must automate the distribution, management, and control of medications. The system must provide communication and access to medications in a manner that supports nursing and pharmacy's ability to work in an efficient manner. The configuration should include a network of secure-medication storage units; allow locations in patient care areas throughout the hospital. The network of secured storage units must accommodate the medication needs of the emergency department, medical/surgical wards, intensive care unit, ORs, procedure areas, and outpatient clinics. The system must be compatible with and integrate seamlessly with other point-of-use systems within the facility, including the current Anesthesia Pyxis 3500 units. The system must provide an interface that would support the integration of other medication delivery related technologies (i.e. Alaris 8015 Pump System) for the purpose of report generation and data management. The system must have the ability to integrate with other automated dispensing systems within VISN2 and provide an interface that would support facilities within VISN 2.

The system must streamline medication distribution and inventory management practices and provide needed routine reporting. Available Reports related to the safe, accurate, and timely stocking, withdrawal, return and wasting of medications must be inherent to the system. The system is required to provide pharmacy an automated process and reporting system that efficiently supports the pharmacy in replacing medication inventories.

Medication orders and order status must be transmitted electronically so information is easily accessible. The system must support Joint Commission compliance and meet FDA requirements for the technology involved. The point of use system must protect against unauthorized access, document use, and integrate pharmacist order review by interacting with the inpatient medication electronic ordering system currently used by the facility. The point of use system must be compatible with the current Pandora software used by the facility to provide controlled substance quality assurance reports and the system must also provide its own management/tracking of all controlled substance practices as required by facility policy (IE, removal, wasting, and return) and federal regulation. System must remind/alert nurses if they have controlled substance waste that has not been documented in regards to a prior controlled substance removal.

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check (witness) at the time of dispensing of an identified high-alert medication from automated devices. The system must have the ability to block the loading of identified medications from specific automated dispending units.

The system will assure medications are accessible to different categories of health care professionals with the ability to limit access based on facility policy or federal law. The system will contain the needed technology to use fingerprint scanning as a form of access and also support the utilization of BCMA on stocking and/or removal of medications from the involved unit.

The automated systems or devices should ensure safe medication storage, distribution, access, and use wherever they are deployed, including meeting required environmental conditions for the storage and handling of medications. The automated system must have the capability of tracking medication expiration dates and electronically provide pharmacy the needed information to identify and replace inventories before expiration.

The automated dispensing system must interface with the VA pharmacy computerized medication ordering-dispensing software system (VISTA). The interfaces must meet HL7 standards and must be easily customizable and provide a mechanism for thorough testing prior to implementation.

We need to continue with Care Fusion - Pyxis due to:

- Fleet Standardization
  - Will be standardized in the OR and throughout the facility. OR (already has Pyxis without plans to change). This improves patient safety through clinical staff only having to know one kind of automated dispensing unit for care.
  - Fleet standardization has many advantages
    - We have Care fusion equipment for most of our automated medication dispensing units
    - Brands will not interface with each other
    - We have the infrastructure to connect all areas with no major construction or IT related costs.
    - We will be able to connect our separate Anesthesia 3500 Pyxis Units and Pyxis 4000 units on to the same server. This avoids having to maintain two different systems and servers
    - Clinical and Bio Med staff are fully trained in use of Pyxis equipment
    - Equipment will fit into current enclosures, racks, and room bedsides. Electrical utilities and data lines are already installed. This limits the amount of in-house infrastructure work must be completed for installation of new equipment.
    - Reduction in the number of contractors, contracts and vendors servicing, maintaining, troubleshooting and repairing this equipment (reduces inventory management and technology oversight).
    - Continuity/Familiarity: we have been using Pyxis automated dispensing units throughout the facility. Nursing staff, Pharmacy staff, biomed, and IT are familiar with the product and having one unified system will maximize efficiencies for all stakeholders and support patient safety.

- Connectivity to the VA Systems
  - Is compatible to and will provide Connectivity to our hospital Data System

☒ **An urgent and compelling need exists, and following the ordering procedures would result in unacceptable delays.**

The Spinal Cord Treatment Unit currently has no automated dispensing unit in place and is scheduled to open March 2013.

(5) DESCRIBE WHY YOU BELIEVE THE ORDER REPRESENTS THE BEST VALUE CONSISTENT WITH FAR 8.4 TO AID THE CONTRACTING OFFICER IN MAKING THIS BEST VALUE DETERMINATION:

These automated dispensing units are made by Care fusion Solutions and are supplied via GSA Contract V797P-4012B. This order presents the best value as it is the same equipment already standardized across platforms at the local level. The savings comes in the ease of support for local support systems since staff is familiar with current systems and how to troubleshoot.

Best value is also realized by an avoidance of costs related to start up, training, and maintenance of additional systems. The costs associated with training staff: man-hours for clinical staff, technical training for biomedical staff, as well as the potential for an additional line-item cost for on-site training for a different brand name item. The cost for staff training as well as maintenance costs could reach thousands of dollars in direct and indirect costs if this facility were to purchase a product from a vendor other than the Pyxis 4000 upgrades.

Lastly, this order is in compliance with the VA National Acquisition Center in Federal Supply Classifications of group 65. FSC 65 is a mandatory source of supply which must be utilized if the required items are available. (FAR part 808.002(a)(3). GSA FSS Pricing is already determined to be Fair and Reasonable.

(6) DESCRIBE THE MARKET RESEARCH CONDUCTED AMONG SCHEDULE HOLDERS AND THE RESULTS OR A STATEMENT OF THE REASON MARKET RESEARCH WAS NOT CONDUCTED:

Research was conducted amongst all contract holders on FSS schedule 65. Many vendors were found that could potentially provide an alternative solution to the requirement.

A Request for Information (RFI)# 748296 was posted on FSS targeting schedule 65IIA A-92 contract holders (11/14/2012-11/20/2012). The RFI was posted to seek alternative vendor's solutions to the government's need for med station upgrades. Although alternative solutions were offered, the customer evaluated the feasibility of these alternative systems. The customer responded with the following on November 28, 2012 to the vendor's capabilities statements, "After reviewing the documents provided there are needs that the McKesson system does not provide based on the information submitted.

The McKesson submission did not provide documentation indicating their system would seamlessly integrate our current Pyxis 3500 Anesthesia units into their server. Without integrating the current Pyxis 3500 Anesthesia units into one server this would result in the VA having to maintain two different servers for two different automated dispensing systems. Maintaining two servers would result in increased labor, increased cost, need for increased technical support and increased potential for end user confusion as the facility would need to train individuals on the use of two different systems.

We also requested that there be an interface provided that would support the integration/report generation for the newly procured automated dispensing units/system, our current Pyxis 3500 Anesthesia systems and Alaris 8015 IV pumps. There was not information provided that indicated this capability."

(7) ANY OTHER FACTS SUPPORTING THE JUSTIFICATION: -N/A

(8) A STATEMENT OF THE ACTIONS, IF ANY, THE AGENCY MAY TAKE TO REMOVE OR OVERCOME ANY BARRIERS THAT LED TO THE RESTRICTED CONSIDERATION BEFORE ANY SUBSEQUENT ACQUISITION FOR THE SUPPLIES OR SERVICES IS MADE:

The Contracting office and Pharmacy will continue to evaluate alternative opportunities for its medstation needs. Although current market research indicates that that there are no known, 100% compatible solutions at this time, all efforts will be made to find alternative solutions for future requirements. The VA will continue to monitor and survey the market for and existing, VA and FDA approved (510) solutions.

(9) REQUIREMENTS CERTIFICATION: I certify that the requirement outlined in this justification is a Bona Fide Need of the Department of Veterans Affairs and that the supporting data under my cognizance, which are included in the justification, are accurate and complete to the best of my knowledge. I understand that processing of this limited sources justification restricts consideration of Federal Supply Schedule contractors to fewer than the number required by FAR Subpart 8.4.

Douglas Brown
SIGNATURE

29 November 2012
DATE

Douglas Brown
NAME

Pharmacy Manager
TITLE

SERVICE LINE/SECTION

Syracuse VAMC
FACILITY

(10) APPROVALS IN ACCORDANCE WITH FAR 8.405-6(d)(2): For a proposed order or BPA with an estimated value exceeding $650,000, but not exceeding $12.5 million, the justification must be approved by the competition advocate of the activity placing the order, or by an official named in paragraph (d)(3) or (d)(4) of this section. The authority is not delegable.

a. **CONTRACTING OFFICER'S CERTIFICATION (required):** I certify that the foregoing justification is accurate and complete to the best of my knowledge and belief.

CONTRACTING OFFICER'S SIGNATURE

12/12/2012
DATE

Allan M Preston
NAME AND TITLE

VISN 2
FACILITY

b. **NCM/DESIGNEE:** I certify that the foregoing justification is accurate and complete to the best of my knowledge and belief.

SIGNATURE

12/12/2012
DATE

Cherie Widger-Kresge
VISN 2 NCM/ Competition Advocate

USAA FEDERAL SAVINGS BANK

	ACCOUNT NUMBER
0	00374-2673-7
E4	STATEMENT DATE
	02/28/13

MICHELLE S PRESTON
ALLAN M PRESTON
PSC 2 BOX 11494
APO AE 09012-0064

PAGE 1

BALANCE LAST STATEMENT	NO OF DEBITS PAID	TOTAL AMOUNT OF DEBITS PAID	NO. OF DEP	TOTAL AMOUNT OF DEPOSITS MADE	SERVICE CHARGES	BALANCE THIS STATEMENT
0.07	2	188.77	2	200.00	.00	11.30

Please examine immediately and report if incorrect. If no report is received within 60 days, the account will be considered correct.

	TOTAL NONSUFFICIENT FUNDS (NSF) FEES	TOTAL OVERDRAFT (OD) FEES
This Statement	0.00	0.00
This Year's Statements	0.00	0.00

Note: Fee reversals/refunds made by USAA will not reduce the totals on this chart.

ARE YOU SAVING FOR AN EMERGENCY OR RETIREMENT? USAA CERTIFICATES OF DEPOSIT MAY BE RIGHT FOR YOU. GO TO USAA.COM OR GIVE US A CALL AT 1-800-531-8722(USAA) TO LEARN MORE.

DEPOSITS AND OTHER CREDITS

DATE	AMOUNT	TRANSACTION DESCRIPTION
02/01	100.00	USAA FUNDS TRANSFER CR
02/15	100.00	USAA FUNDS TRANSFER CR

OTHER DEBITS

DATE	AMOUNT	TRANSACTION DESCRIPTION
02/20	88.77	OD ADVANCE TSFR OUT
		OVERDRAFT PROTECTION TO 0103604871
02/06	100.00	USAA FUNDS TRANSFER DB

ACCOUNT BALANCE SUMMARY

DATE	BALANCE	DATE	BALANCE
01/31	.07	02/15	100.07
02/01	100.07	02/20	11.30
02/06	.07		

FDIC INSURED

USAA FEDERAL SAVINGS BANK

10750 McDermott Freeway
San Antonio, TX 78288-0544
800-531-2265

PLEASE EXAMINE THIS STATEMENT AT ONCE. IF NO ERROR IS REPORTED IN 60 DAYS, THIS STATEMENT WILL BE CONSIDERED CORRECT. ALL ITEMS ARE CREDITED SUBJECT TO PAYMENT.

In Case of Errors or Questions About Your Electronic Transfers, Telephone us or Write us at the address and number listed at the top of this page as soon as you can, if you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

- Tell us your name and account number (if any).
- Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information.
- Tell us the dollar amount of the suspected error.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days to do this, we will credit your account for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation.

THIS FORM IS PROVIDED TO HELP YOU RECONCILE THIS STATEMENT BALANCE TO YOUR CHECKBOOK BALANCE.

CHECKS OUTSTANDING
(Those written which have not been charged to your account)

CHECK#	AMOUNT
TOTAL	$

BANK BALANCE

(1) BALANCE THIS STATEMENT (SHOWN ON FRONT PAGE)	$ _____
(2) ADD DEPOSITS NOT SHOWN ON THIS STATEMENT (IF ANY)	+ _____
(3) SUBTOTAL	$ _____
(4) SUBTRACT TOTAL OF CHECKS OUTSTANDING (IF ANY)	- _____
(5) ADJUSTED BANK BALANCE	$ _____

YOUR BALANCE

(6) CHECK REGISTER BALANCE	$ _____
(7) ADD CREDITS WHICH APPEAR ON THIS STATEMENT THAT HAVE NOT BEEN RECORDED IN YOUR REGISTER (IF ANY)	+ _____ *
(8) ADD INTEREST CREDITED TO YOUR ACCOUNT (IF ANY)	+ _____ *
(9) SUBTRACT OTHER CHARGES (IF ANY)	- _____ *
(10) ADJUSTED CHECK REGISTER BALANCE	$ _____

* Be sure to record in your check register.

Line 5 and Line 10 should now agree. If not, check the following items in your register:

-Are all deposits accounted for?
-Are all amounts entered correctly?
-Are all automatic transactions accounted for?
-Are all additions and subtractions accurate?

TERMS AND CONDITIONS: **All transactions are subject to the USAA Federal Savings Bank Depository Agreement.**

LIMITED SOURCES JUSTIFICATION
ORDER >$150,000
FAR PART 8.405-6(g)

2237 Transaction # or Vista Equipment Transaction #: 528-13-2-3326-0011

This acquisition is conducted under the authority of the Multiple Award Schedule Program. The material or service listed in par. 3 below is sole source, therefore, consideration of the number of contractors required by FAR Subpart 8.4 – Federal Supply Schedules, is precluded for the reasons indicated below.

Restricted to the following source: Provide *original manufacturer's* name for material or contractor's name for service. (If a sole source manufacturer distributes via dealers, *ALSO* provide dealer information.)

Manufacturer/Contractor: Philips Healthcare Informatics
Manufacturer/Contractor POC & phone number: [redacted]
Mfgr/Contractor Address: 4100 East 3rd Avenue
Dealer/Rep address/phone number:

☐ The requested material or service represents the minimum requirements of the Government.

(1) AGENCY AND CONTRACTING ACTIVITY: Department of Veterans Affairs
Network Contracting Activity, 2-90NCO
SITE, Syracuse (VISN Contract)

VISN: Department of Veterans Affairs, VISN 2

(2) NATURE AND/OR DESCRIPTION OF ACTION BEING APPROVED:

The Network Radiology Department is requesting a six-month purchase of Philips' Digital Imaging Network Picture Archive Communication Systems (DIN-PACS) services. This is the only available solution on the market as Philips' DIN-PACS systems is currently in place and fully operational. A firm-fixed price contract will be used. Request to purchase sole source from Philips Healthcare Informatics, 4100 East 3rd Avenue, Suite 101, Foster City, CA 94404-4819. T[redacted]

(3) (a) A DESCRIPTION OF THE SUPPLIES OR SERVICES REQUIRED TO MEET THE AGENCY'S NEED:

The Digital Imaging Network - Picture Archiving and Communications System (DIN-PACS) is an open system network of digital devices designed for the effective acquisition, transmission, display, and management of diagnostic imaging studies. DIN-PACS provides for diagnostic x-ray images in digital output that can be transmitted for analysis anywhere in the hospital or in the world. More specifically, Picture Archiving and Communications Systems handle the complex task of gathering, indexing, storing, and displaying diagnostic images from various commercial imaging systems such as digital radiography, x-ray Computed Tomography, Magnetic Resonance Imaging, Positron emission tomography, Ultrasound, and others. The VA staff doesn't have the organic capability required to develop and maintain such a system in-house.

(b) ESTIMATED DOLLAR VALUE: $[redacted]

(c) **REQUIRED DELIVERY DATE:** April 1, 2013

(4) IDENTIFICATION OF THE JUSTIFICATION RATIONALE (SEE FAR 8.405-6), AND IF APPLICABLE, A DEMONSTRATION OF THE PROPOSED CONTRACTOR'S UNIQUE QUALIFICATIONS TO PROVIDE THE REQUIRED SUPPLY OR SERVICE.

☒ Specific characteristics of the material or service that limit the availability to a sole source (unique features, function of the item, etc.). Describe in detail why only this suggested source can furnish the requirements to the exclusion of other sources.

The Digital Imaging Network - Picture Archiving and Communications System (DIN-PACS) is an open system network of digital devices designed for the effective acquisition, transmission, display, and management of diagnostic imaging studies. DIN-PACS provides for diagnostic x-ray images in digital output that can be transmitted for analysis anywhere in the hospital or in the world. More specifically, Picture Archiving and Communications Systems handle the complex task of gathering, indexing, storing, and displaying diagnostic images from various commercial imaging systems such as digital radiography, x-ray Computed Tomography, Magnetic Resonance Imaging, Positron emission tomography, Ultrasound, and others. The VA staff doesn't have the organic capability required to develop and maintain such a system in-house

☒ A patent, copyright or proprietary data limits competition. The proprietary data is:

The proprietary data is the Veterans Health Information Systems and Technology Architecture (VistA). It is an enterprise-wide information system built around an Electronic Health Record (HER). It provides a client-server interface which allows health care providers to review and update a patient's electronic medical record. Any system or software purchased must be compatible and 100% functional with this system.

☒ The material/service must be compatible in all aspects (form, fit and function) with existing systems presently installed/performing. Describe the equipment/function you have now and how the new item/service must coordinate, connect, or interface with the existing system.

Philips is the only vendor who is able to provide DIN-PACS services and maintain the installed system's performance currently in place. DIN-PACS is a commercial network of high technology digital medical devices regulated by the FDA. They are designed to acquire, transmit, display and store diagnostic imaging studies and related information. DIN-PACS provides for teleradiology, or the electronic communication of medical radiology images and results. DIN-PACS systems include propriety hardware and software. Proprietary clinical software used in DIN-PACS requires licenses. Only the manufacturer providing that software can provide licenses for the software. Upgrades to system software can only be provided by the manufacturer as these are FDA approved medical devices.

(4) DESCRIBE WHY YOU BELIEVE THE ORDER REPRESENTS THE BEST VALUE CONSISTENT WITH FAR 8.404(d) TO AID THE CONTRACTING OFFICER IN MAKING THIS BEST VALUE DETERMINATION:

Prices were determined Fair and Reasonable by referencing Philips' contract with GSA. On page 25, (see S23-GSA Contract) Philips provided a "Fees per Study" outline for various studies per year. It is estimated that our VISN processes roughly 150,000 studies per year. The delta between 7 yrs, 5 yrs, and 3 yrs is roughly $.25 per year category. To determine our 6 month range, an additional $.25 was added for a 1 year price determination. This amount was $4.94 per study. At 6 months, an additional $.012 was added (only a half year is required), bringing the estimated total to $5.04. Our quoted $5/ study is therefore determined to be Fair and Reasonable.

(6) DESCRIBE THE MARKET RESEARCH CONDUCTED AMONG SCHEDULE HOLDERS AND THE RESULTS OR A STATEMENT OF THE REASON MARKET RESEARCH WAS NOT CONDUCTED:

The subject contract, VA528-B53008 originally expired on June 2010, and was subsequently extended to December 31, 2011 in order to pursue a competitively awarded contract for the same purpose. The solicitation and source selection processes for the new vehicle have however been delayed due to coordination issues, workload constraints, and complexities introduced by separate PACS related software and hardware procurement actions. A consolidated acquisition planning approach has been adopted, and an additional order is considered to be in the best interests of the Government in order to provide uninterrupted services, while pursuing a best value contract solution. A competitively awarded, five-year contract is expected May 1, 2013.

(7) ANY OTHER FACTS SUPPORTING THE JUSTIFICATION:

Potential sources were not solicited as this is a "bridge" contract to keep the current services provided by Philips. Long term, efforts to solicit competition to the fullest extent possible will be made. High-tech equipment procurement policy dictates these items must be purchased through the DLA DIN-PACS contract vehicles. Many vendors already hold a contract and include:

a. AGFA
b. CareStream
c. Fuji
d. Philips
e. General Electric Medical Systems
f. IBM
g. McKesson
h. Siemens

(8) A STATEMENT OF THE ACTIONS, IF ANY, THE AGENCY MAY TAKE TO REMOVE OR OVERCOME ANY BARRIERS THAT LED TO THE RESTRICTED CONSIDERATION BEFORE ANY SUBSEQUENT ACQUISITION FOR THE SUPPLIES OR SERVICES IS MADE:

VISN 2 NCO will continue to monitor the market to ensure that future sole source requirements are avoided. Furthermore, a full market analysis will be conducted for the long-term contract in support of the DIN-PACS NAC/ DLA requirements.

(9) REQUIREMENTS CERTIFICATION: I certify that the requirement outlined in this justification is a bonafide need of the Department of Veterans Affairs and that the supporting data under my cognizance, which are included in the justification, are accurate and complete to the best of my knowledge. I understand that processing of this limited sources justification restricts consideration of Federal Supply Schedule contractors to fewer than the number required by FAR Subpart 8.4. *(This signature is the requestor's supervisor, fund control point official, chief of service or someone with responsibility and accountability.)*

Melinda S. Bishop — 3/25/13
SIGNATURE — DATE

Melinda S. Bishop — PACS Admin/COR — Radiology
NAME — TITLE — SERVICE LINE/SECTION

Bath VAMC
FACILITY

---

(10) APPROVALS IN ACCORDANCE WITH FAR 8.405-6(h):

a. CONTRACTING OFFICER'S CERTIFICATION (required): I certify that the foregoing justification is accurate and complete to the best of my knowledge and belief.

[signature] — 3/25/2013
CONTRACTING OFFICER'S SIGNATURE — DATE

Allan Preston; Contracting Officer — VAMC Buffalo New York
NAME AND TITLE — FACILITY

Concur Mary E Haefner NCO2 QA 3/25/13
HIGHER LEVEL APPROVAL (*For orders over $650,000*): ☐ **REQUIRED** ☒ **NOT REQUIRED**

b. **ONE LEVEL ABOVE CONTRACTING OFFICER**: I certify that the foregoing justification is accurate and complete to the best of my knowledge and belief. ****This signature may be the VISN NCM if the Contracting Officer and Contracting Supervisor is the same individual.***

SIGNATURE — DATE

NAME AND TITLE

c. **NCM** : I certify the justification meets requirements for restricting consideration of Federal Supply Schedule contractors to fewer than the number required by FAR Subpart 8.4.

[signature] — 03/25/2013
Name — DATE
VISN 2 NCM

LIMITED SOURCES JUSTIFICATION
ORDER >$150,000
FAR PART 8.405-6(g)

2237 Transaction # or Vista Equipment Transaction #: 528-13-2-3326-0011

This acquisition is conducted under the authority of the Multiple Award Schedule Program. The material or service listed in par. 3 below is sole source, therefore, consideration of the number of contractors required by FAR Subpart 8.4 – Federal Supply Schedules, is precluded for the reasons indicated below.

Restricted to the following source: Provide *original manufacturer's* name for material or contractor's name for service. (If a sole source manufacturer distributes via dealers, *ALSO* provide dealer information.)

Manufacturer/Contractor: Philips Healthcare Informatics
Manufacturer/Contractor POC & phone number: [redacted]
Mfgr/Contractor Address: 4100 East 3rd Avenue
Dealer/Rep address/phone number:

☐ The requested material or service represents the minimum requirements of the Government.

(1) AGENCY AND CONTRACTING ACTIVITY: Department of Veterans Affairs
Network Contracting Activity, 2-90NCO
SITE, Syracuse (VISN Contract)

VISN: Department of Veterans Affairs, VISN 2

(2) NATURE AND/OR DESCRIPTION OF ACTION BEING APPROVED:

The Network Radiology Department is requesting a six-month purchase of Philips' Digital Imaging Network Picture Archive Communication Systems (DIN-PACS) services. This is the only available solution on the market as Philips' DIN-PACS systems is currently in place and fully operational. A firm-fixed price contract will be used. Request to purchase sole source from Philips Healthcare Informatics, 4100 East 3rd Avenue, Suite 101, Foster City, CA 94404-4819. The cost is estimated to be [redacted].

(3) (a) A DESCRIPTION OF THE SUPPLIES OR SERVICES REQUIRED TO MEET THE AGENCY'S NEED:

The Digital Imaging Network - Picture Archiving and Communications System (DIN-PACS) is an open system network of digital devices designed for the effective acquisition, transmission, display, and management of diagnostic imaging studies. DIN-PACS provides for diagnostic x-ray images in digital output that can be transmitted for analysis anywhere in the hospital or in the world. More specifically, Picture Archiving and Communications Systems handle the complex task of gathering, indexing, storing, and displaying diagnostic images from various commercial imaging systems such as digital radiography, x-ray Computed Tomography, Magnetic Resonance Imaging, Positron emission tomography, Ultrasound, and others. The VA staff doesn't have the organic capability required to develop and maintain such a system in-house.

(b) ESTIMATED DOLLAR VALUE: $[redacted]

(c) **REQUIRED DELIVERY DATE:** April 1, 2013

(4) IDENTIFICATION OF THE JUSTIFICATION RATIONALE (SEE FAR 8.405-6), AND IF APPLICABLE, A DEMONSTRATION OF THE PROPOSED CONTRACTOR'S UNIQUE QUALIFICATIONS TO PROVIDE THE REQUIRED SUPPLY OR SERVICE.

☒ Specific characteristics of the material or service that limit the availability to a sole source (unique features, function of the item, etc.). Describe in detail why only this suggested source can furnish the requirements to the exclusion of other sources.

The Digital Imaging Network - Picture Archiving and Communications System (DIN-PACS) is an open system network of digital devices designed for the effective acquisition, transmission, display, and management of diagnostic imaging studies. DIN-PACS provides for diagnostic x-ray images in digital output that can be transmitted for analysis anywhere in the hospital or in the world. More specifically, Picture Archiving and Communications Systems handle the complex task of gathering, indexing, storing, and displaying diagnostic images from various commercial imaging systems such as digital radiography, x-ray Computed Tomography, Magnetic Resonance Imaging, Positron emission tomography, Ultrasound, and others. The VA staff doesn't have the organic capability required to develop and maintain such a system in-house

☒ A patent, copyright or proprietary data limits competition. The proprietary data is:

The proprietary data is the Veterans Health Information Systems and Technology Architecture (VistA). It is an enterprise-wide information system built around an Electronic Health Record (HER). It provides a client-server interface which allows health care providers to review and update a patient's electronic medical record. Any system or software purchased must be compatible and 100% functional with this system.

☒ The material/service must be compatible in all aspects (form, fit and function) with existing systems presently installed/performing. Describe the equipment/function you have now and how the new item/service must coordinate, connect, or interface with the existing system.

Philips is the only vendor who is able to provide DIN-PACS services and maintain the installed system's performance currently in place. DIN-PACS is a commercial network of high technology digital medical devices regulated by the FDA. They are designed to acquire, transmit, display and store diagnostic imaging studies and related information. DIN-PACS provides for teleradiology, or the electronic communication of medical radiology images and results. DIN-PACS systems include propriety hardware and software. Proprietary clinical software used in DIN-PACS requires licenses. Only the manufacturer providing that software can provide licenses for the software. Upgrades to system software can only be provided by the manufacturer as these are FDA approved medical devices.

(4) DESCRIBE WHY YOU BELIEVE THE ORDER REPRESENTS THE BEST VALUE CONSISTENT WITH FAR 8.404(d) TO AID THE CONTRACTING OFFICER IN MAKING THIS BEST VALUE DETERMINATION:

Prices were determined Fair and Reasonable by referencing Philips' contract with GSA. On page 25, (see S23-GSA Contract) Philips provided a "Fees per Study" outline for various studies per year. It is estimated that our VISN processes roughly 150,000 studies per year. The delta between 7 yrs, 5 yrs, and 3 yrs is roughly $.25 per year category. To determine our 6 month range, an additional $.25 was added for a 1 year price determination. This amount was $4.94 per study. At 6 months, an additional $.012 was added (only a half year is required), bringing the estimated total to $5.04. Our quoted $5/ study is therefore determined to be Fair and Reasonable.

(6) DESCRIBE THE MARKET RESEARCH CONDUCTED AMONG SCHEDULE HOLDERS AND THE RESULTS OR A STATEMENT OF THE REASON MARKET RESEARCH WAS NOT CONDUCTED:

The subject contract, VA528-B53008 originally expired on June 2010, and was subsequently extended to December 31, 2011 in order to pursue a competitively awarded contract for the same purpose. The solicitation and source selection processes for the new vehicle have however been delayed due to coordination issues, workload constraints, and complexities introduced by separate PACS related software and hardware procurement actions. A consolidated acquisition planning approach has been adopted, and an additional order is considered to be in the best interests of the Government in order to provide uninterrupted services, while pursuing a best value contract solution. A competitively awarded, five-year contract is expected May 1, 2013.

(7) ANY OTHER FACTS SUPPORTING THE JUSTIFICATION:

Potential sources were not solicited as this is a "bridge" contract to keep the current services provided by Philips. Long term, efforts to solicit competition to the fullest extent possible will be made. High-tech equipment procurement policy dictates these items must be purchased through the DLA DIN-PACS contract vehicles. Many vendors already hold a contract and include:

a. AGFA
b. CareStream
c. Fuji
d. Philips
e. General Electric Medical Systems
f. IBM
g. McKesson
h. Siemens

(8) A STATEMENT OF THE ACTIONS, IF ANY, THE AGENCY MAY TAKE TO REMOVE OR OVERCOME ANY BARRIERS THAT LED TO THE RESTRICTED CONSIDERATION BEFORE ANY SUBSEQUENT ACQUISITION FOR THE SUPPLIES OR SERVICES IS MADE:

VISN 2 NCO will continue to monitor the market to ensure that future sole source requirements are avoided. Furthermore, a full market analysis will be conducted for the long-term contract in support of the DIN-PACS NAC/ DLA requirements.

(9) REQUIREMENTS CERTIFICATION: I certify that the requirement outlined in this justification is a bonafide need of the Department of Veterans Affairs and that the supporting data under my cognizance, which are included in the justification, are accurate and complete to the best of my knowledge. I understand that processing of this limited sources justification restricts consideration of Federal Supply Schedule contractors to fewer than the number required by FAR Subpart 8.4. *(This signature is the requestor's supervisor, fund control point official, chief of service or someone with responsibility and accountability.)*

Melinda S. Bishop — SIGNATURE
3/25/13 — DATE
Melinda S. Bishop — NAME
PACS Admin/COR — TITLE
Radiology — SERVICE LINE/SECTION
Bath VAMC — FACILITY

---

(10) APPROVALS IN ACCORDANCE WITH FAR 8.405-6(h):

a. CONTRACTING OFFICER'S CERTIFICATION (required): I certify that the foregoing justification is accurate and complete to the best of my knowledge and belief.

CONTRACTING OFFICER'S SIGNATURE
3/25/2013 — DATE

Allan Preston; Contracting Officer — NAME AND TITLE
VAMC Buffalo New York — FACILITY

Concur Mary E Haefner NCO2 QA 3/25/13

HIGHER LEVEL APPROVAL (*For orders over $650,000*): ☐ **REQUIRED** ☒ **NOT REQUIRED**

b. **ONE LEVEL ABOVE CONTRACTING OFFICER**: I certify that the foregoing justification is accurate and complete to the best of my knowledge and belief. ****This signature may be the VISN NCM if the Contracting Officer and Contracting Supervisor is the same individual.***

SIGNATURE — DATE

NAME AND TITLE

c. **NCM** : I certify the justification meets requirements for restricting consideration of Federal Supply Schedule contractors to fewer than the number required by FAR Subpart 8.4.

Name
VISN 2 NCM
03/25/2013 — DATE

LIMITED SOURCES JUSTIFICATION
ORDER >$150,000
FAR PART 8.405-6(g)

2237 Transaction # or Vista Equipment Transaction #: 528-13-2-3326-0011

This acquisition is conducted under the authority of the Multiple Award Schedule Program. The material or service listed in par. 3 below is sole source, therefore, consideration of the number of contractors required by FAR Subpart 8.4 – Federal Supply Schedules, is precluded for the reasons indicated below.

Restricted to the following source: Provide *original manufacturer's* name for material or contractor's name for service. (If a sole source manufacturer distributes via dealers, *ALSO* provide dealer information.)

Manufacturer/Contractor: Philips Healthcare Informatics
Manufacturer/Contractor POC & phone number: x[redacted]
Mfgr/Contractor Address: 4100 East 3rd Avenue
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☐ The requested material or service represents the minimum requirements of the Government.

(1) AGENCY AND CONTRACTING ACTIVITY: Department of Veterans Affairs
Network Contracting Activity, 2-90NCO
SITE, Syracuse (VISN Contract)

VISN: Department of Veterans Affairs, VISN 2

(2) NATURE AND/OR DESCRIPTION OF ACTION BEING APPROVED:

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(b) ESTIMATED DOLLAR VALUE: $[redacted]

(c) **REQUIRED DELIVERY DATE:** April 1, 2013

(4) IDENTIFICATION OF THE JUSTIFICATION RATIONALE (SEE FAR 8.405-6), AND IF APPLICABLE, A DEMONSTRATION OF THE PROPOSED CONTRACTOR'S UNIQUE QUALIFICATIONS TO PROVIDE THE REQUIRED SUPPLY OR SERVICE.

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(4) DESCRIBE WHY YOU BELIEVE THE ORDER REPRESENTS THE BEST VALUE CONSISTENT WITH FAR 8.404(d) TO AID THE CONTRACTING OFFICER IN MAKING THIS BEST VALUE DETERMINATION:

Prices were determined Fair and Reasonable by referencing Philips' contract with GSA. On page 25, (see S23-GSA Contract) Philips provided a "Fees per Study" outline for various studies per year. It is estimated that our VISN processes roughly 150,000 studies per year. The delta between 7 yrs, 5 yrs, and 3 yrs is roughly $.25 per year category. To determine our 6 month range, an additional $.25 was added for a 1 year price determination. This amount was $4.94 per study. At 6 months, an additional $.012 was added (only a half year is required), bringing the estimated total to $5.04. Our quoted $5/ study is therefore determined to be Fair and Reasonable.

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b. CareStream
c. Fuji
d. Philips
e. General Electric Medical Systems
f. IBM
g. McKesson
h. Siemens

(8) A STATEMENT OF THE ACTIONS, IF ANY, THE AGENCY MAY TAKE TO REMOVE OR OVERCOME ANY BARRIERS THAT LED TO THE RESTRICTED CONSIDERATION BEFORE ANY SUBSEQUENT ACQUISITION FOR THE SUPPLIES OR SERVICES IS MADE:

VISN 2 NCO will continue to monitor the market to ensure that future sole source requirements are avoided. Furthermore, a full market analysis will be conducted for the long-term contract in support of the DIN-PACS NAC/ DLA requirements.

(9) REQUIREMENTS CERTIFICATION: I certify that the requirement outlined in this justification is a bonafide need of the Department of Veterans Affairs and that the supporting data under my cognizance, which are included in the justification, are accurate and complete to the best of my knowledge. I understand that processing of this limited sources justification restricts consideration of Federal Supply Schedule contractors to fewer than the number required by FAR Subpart 8.4. *(This signature is the requestor's supervisor, fund control point official, chief of service or someone with responsibility and accountability.)*

[redacted] 3/25/13

SIG[redacted]

NA[redacted] TITLE SERVICE LINE/SECTION

FA[redacted]

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(10) APPROVALS IN ACCORDANCE WITH FAR 8.405-6(h):

a. CONTRACTING OFFICER'S CERTIFICATION (required): I certify that the foregoing justification is accurate and complete to the best of my knowledge and belief.

[redacted] 3/25/2013

CO[redacted]ER'S SIGNATURE DATE

[redacted] VAMC Buffalo New York

FACILITY

[redacted] 3/25/13

b. **ONE LEVEL ABOVE CONTRACTING OFFICER**: I certify that the foregoing justification is accurate and complete to the best of my knowledge and belief. ***This signature may be the VISN NCM if the Contracting Officer and Contracting Supervisor is the same individual.***

SIGNATURE DATE

NAME AND TITLE

c. **NCM** : I certify the justification meets requirements for restricting consideration of Federal Supply Schedule contractors to fewer than the number required by FAR Subpart 8.4.

[redacted] 03/25/2013

[redacted] DATE

VISN 2 NCM